

City of Bedford Public Works Department 1813 Reliance Parkway Bedford, Texas 76021

Phone: (817) 952-2200

NEW BACKFLOW TECHNICIAN REGISTRATION INFORMATION

(This form is ONLY for technicians not previously registered in the 2016 year)

Original backflow prevention and cross connection certification or recertification documentation must accompany this application form. Technicians shall also provide proof of gauge calibration, Insurance and a copy of a valid driver's license.

TECHNICIANS ARE REQUIRED TO USE TEST FORMS PURCHASED FROM THE CITY OF BEDFORD PUBLIC WORKS OFFICE. TEST REPORT BOOKS ARE \$10 FOR 25 REPORTS AND ARE IN TRIPLICATE FORM. PHOTOCOPIES OR INTERNET COPIES WILL NOT BE ACCEPTED"

> Registration Fee: \$100.00 Dec.1 to Jan. 31

Technician Information (Please fill in all	applicable fields and print legibly):	
Contractor Classification: Backflow Preve	ntion Technician	
Tester:		
Telephone Number:	Email:	
Certification #:		
Certification/Recertification Date:	Expires:	
Certified For: **Installation **Plumbing or Irrigators Certification Requi	ns Test Sur ired for Installations (Fire Systems Compan	veys Repairs y Exempt)
Employer:	Telephone N	umber:
Employer's Address:		Suite #
City:	State:	Zip:
Name: Mailing Address: Citv:		Zip:
 Registration denial will occur if contracts The City of Bedford will automatically 		
		that if a permit is issued all provisions of the City omply with all property restrictions. I am the owner of
Submit application and pay by cash, ch	•	
One time charge on my credit card. Applicant Name (Print)	oplication by fax, mail or email. (credit card pay	/ment form attached)
rappredate (value (r rint)		
Applicant Signature		Date
COB-PW Office Use Only	Date	<u>l</u>

Approved Denied

City of Bedford

Credit Card Payment Form

Instructions for Completing the Credit Card Payment Form

Public Works Department 1813 Reliance Pkwy Bedford, TX 76021

Ph: (817) 952-2200 Fax: (817) 952-2240 Email: pw.permits@bedfordtx.gov

- Enter all credit card information including the payment amount to be charged to your credit card and remember to sign the form. The City of Bedford cannot process an incomplete form or process credit card payments without an authorized signature.
- The City of Bedford does not accept debit cards or check cards that require use of a personal identification number as a method of payment.
- Address information is required for credit card payment as a means of verification. Failure to complete the address information may result in the payment not being accepted by your credit card institution.
- The City of Bedford requires using this form for credit card payments submitted by mail, facsimile, or email. To protect your credit card information, use only this form.
- Credit Card Information must include the 3 digit security code on the back of the credit card: example:
- If the cardholder includes a credit card number on any form or document other than the Credit Card Payment Form or submits this form electronically via fax or email, the City of Bedford will not be liable in the event that the credit card number becomes public knowledge.
- This PDF file contains form fields allowing you to type in your pertinent information. Once filled out, it can be printed out and faxed to 817-952-2240, scanned and emailed to pw.permits@bedfordtx.gov or mailed to City of Bedford, Attn: Public Works Permits Processing, 1813 Reliance Pkwy, Bedford TX 76021. Please note for additional security purposes this PDF file will not allow a filled out form to be saved, only printed.

Credit Card Information													
Credit Card Type:	☐ Visa								□Mas	terCaı	:d		
Credit Card Account #:													
Expiration Date: (mm/yy)	/			<u>'</u>	<u>'</u>						'		1
3 Digit Code: (on back of card)													
Name as it Appears on Card													
Payment Amount: \$(US Dollars)													
Credit Card Billing Address													
Street Address 1:													
Street Address 2:													
City:													
State:													
Zip:			-										
Daytime Phone:													
Fax:													
Email Address:													
Payment Information													
Describe Purpose of Payment:													
☐ I authorize The City of B	Bedford to keep th	is information	on file	for fut	ure u	ise.							
I do not authorize The Ci	ity of Bedford to	keep this info	rmation	on file	for f	uture	use. P	lease ı	ise for	the c	urrent	transa	ction
I authorize The City of Bedfor any associated fees with the C signature. If The City of Bedfor and any penalty fee which resu All information given is comp	City of Bedford an ord is unable to pults. By signing the	d to verify the rocess my pay his authorizati	billing ment, I	addres will be	ss of 1 e resp	my Cr onsib	edit C le for	ard wi an alte	th the rnate j	issuin payme	g banl ent arra	c upon angem	my ent
Card Holders (signature):]	Date:					